



OFFICE OF THE BUILDING OFFICIAL

Town Of Stonington
P. O. Box 352 • 152 Elm Street
Stonington, Connecticut 06378
(860) 535-5075 • Fax (860) 535 - 1023

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM

Date: _____

Application No. _____

To the Director of Health, Town of Stonington:

Application is hereby made for permit to construct a sewage disposal system for a:

Residence _____ Commercial Building _____ Restaurant _____

Located at: _____

Assessor's Map/Block/Lot _____

Owner of Property: _____

Address(if different from location): _____

Installer's Name: _____ License # _____

Installer's Address: _____

Estimated cost of work: _____ Permit Fee: _____

Signed: _____
(owner or duly authorized representative)

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General Information

If residential, number of bedrooms: _____ Public Water _____ Well _____

If non-residential, design criteria: _____
(sanitary facilities, number of employees, meals served, etc.)

Flood Zone: _____ Wetlands _____